



01-18-07

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PTO/SB/21 (09-06)

Approved for use through 03/31/2007. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

13

| | |
|----------------------|------------------------|
| Application Number | 10/749,695-Conf. #2181 |
| Filing Date | December 31, 2003 |
| First Named Inventor | Albert A. VIERHEILIG |
| Art Unit | 1764 |
| Examiner Name | P. C. Singh |

Attorney Docket Number 0113222.00146US1

ENCLOSURES (Check all that apply)

| | | |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | - Return Receipt Postcard |
| <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement | <input type="checkbox"/> Request for Refund | - Information Disclosure Statement by Applicant PTO/SB/08A/B (1 page) |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | | Remarks |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|---|----------|--------|
| Firm Name | WILMER CUTLER PICKERING HALE AND DORR LLP | | |
| Signature | | | |
| Printed name | Yung-Hoon Ha | | |
| Date | January 17, 2007 | Reg. No. | 56,368 |

Express Mail Label No. EV 901257095 US Dated: January 17, 2007



Application No. (if known): 10/749,695

Attorney Docket No.: 0113222.00146US1

Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EV 901257095 US in an envelope addressed to:

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Date



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Transmittal (1 page)
Fee Transmittal (1 page)
Amendment in Response to Non-Final Office Action (10 pages)
Supplemental Information Disclosure Statement (1 page)
Information Disclosure Statement by Applicant PTO/SB/08A/B (1 page)



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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2006

Applicant claims small entity status. See 37 CFR 1.27

| | | |
|--------------------------------|------|--------|
| TOTAL AMOUNT OF PAYMENT | (\$) | 180.00 |
|--------------------------------|------|--------|

Complete if Known

| | |
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| Application Number | 10/749,695-Conf. #2181 |
| Filing Date | December 31, 2003 |
| First Named Inventor | Albert A. VIERHEILIG |
| Examiner Name | P. C. Singh |
| Art Unit | 1764 |
| Attorney Docket No. | 0113222.00146US1 |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 08-0219 Deposit Account Name: Wilmer Cutler Pickering Hale and Dorr LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| <u>Application Type</u> | <u>FILING FEES</u> | | <u>SEARCH FEES</u> | | <u>EXAMINATION FEES</u> | | <u>Fees Paid (\$)</u> |
|-------------------------|--------------------|---------------------|--------------------|---------------------|-------------------------|---------------------|-----------------------|
| | <u>Fee (\$)</u> | <u>Small Entity</u> | <u>Fee (\$)</u> | <u>Small Entity</u> | <u>Fee (\$)</u> | <u>Small Entity</u> | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)

| | | | |
|---------------------|---------------------|-----------------|----------------------|
| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|---------------------|---------------------|-----------------|----------------------|

| | |
|-----------------|---------------------|
| <u>Fee (\$)</u> | <u>Small Entity</u> |
|-----------------|---------------------|

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

| | | | |
|---------------------|---------------------|-----------------|----------------------|
| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|---------------------|---------------------|-----------------|----------------------|

Multiple Dependent Claims

| | |
|-----------------|----------------------|
| <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|-----------------|----------------------|

| | | | |
|-----|---|---|--|
| - = | x | = | |
|-----|---|---|--|

HP = highest number of total claims paid for, if greater than 20.

| | | | |
|----------------------|---------------------|-----------------|----------------------|
| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|----------------------|---------------------|-----------------|----------------------|

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|-----------------|----------------------|
| <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|-----------------|----------------------|

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| - = | x | = | |
|-----|---|---|--|

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| | | | | |
|---------------------|---------------------|---|-----------------|----------------------|
| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|---------------------|---------------------|---|-----------------|----------------------|

- 100 = _____ /50 _____ (round up to a whole number) x _____ = _____

| |
|-----------------------|
| <u>Fees Paid (\$)</u> |
|-----------------------|

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00

| <u>SUBMITTED BY</u> | | <u>Registration No. (Attorney/Agent)</u> | <u>Telephone</u> |
|---------------------|--------------|--|------------------|
| Signature | | 56,368 | (212) 230-8800 |
| Name (Print/Type) | Yung-Hoon Ha | Date | January 17, 2007 |

Express Mail Label No. EV 901257095 US Dated: January 17, 2007